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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004) | | Docket Number (Optional) 40575-193069 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------|--|-----------|-----|------------------|--|--|----------|---------|----|--|----------|----------|-----------|---|----------|----------|----|--|------------|----------|----|--|------------|------------|----|
| Application Number 10/664,063-Conf. #3255 | | Filed September 17, 2003 | | | | | | | | | | | | | | | | | | | | | | | | |
| For EXPLOSION PROTECTION SYSTEM | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit 3641 | Examiner | L. Semunegus | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$110.00</td> <td>\$55.00</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$430.00</td> <td>\$215.00</td> <td>\$ 215.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$980.00</td> <td>\$490.00</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1,530.00</td> <td>\$765.00</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2,080.00</td> <td>\$1,040.00</td> <td>\$</td> </tr> </tbody> </table> <p> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0261</u>. I have enclosed a duplicate copy of this sheet. </p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>42,159</u>  Signature <u>Stuart I. Smith</u> Typed or printed name Date <u>December 8, 2004</u> Telephone Number <u>(202) 344-4000</u> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p> </p> | | | | Fee | Small Entity Fee | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110.00 | \$55.00 | \$ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$430.00 | \$215.00 | \$ 215.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$980.00 | \$490.00 | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1,530.00 | \$765.00 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2,080.00 | \$1,040.00 | \$ |
| | Fee | Small Entity Fee | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110.00 | \$55.00 | \$ | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$430.00 | \$215.00 | \$ 215.00 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$980.00 | \$490.00 | \$ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1,530.00 | \$765.00 | \$ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2,080.00 | \$1,040.00 | \$ | | | | | | | | | | | | | | | | | | | | | | | |

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